JUN 3 0 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RESPONSE TO OFFICE ACTION DATED (MAILED) 4/06/2004

To: Honorable Commissioner for Patents P.O. Box 1450

Alexandria VA 22313-1450

From: Damon A. Rieth (Tel. 509-324-9256; Fax 509-323-8979)

Lee & Hayes, PLLC 421 W. Riverside Avenue, Suite 500

Spokane, WA 99201

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08/18/2004 SMOORE 00000002 120769 09754865

09/754865

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/154868

CLAIMS AS FILED - PART I (Column 1)						nn 2)	SMALL ENTITY TYPE			OR	OTHER SMALL E	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	QR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		· Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		./			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						.25K		+135=		OR	+270=	
* If the difference in column 1 is less than zero, en					r "0" in c	olumn 2	ì	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	1000	PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	.16	Minus	**		=		X\$ 9=		OR	X\$18=	
AME		• 4	Minus	***	T 01 4154	<u> -</u>		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ا ز	+135=		OR	+270=	
1 - 1								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
6.30.04 (Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	· 30	Minus	" 6	20	= 10]	X\$ 9=		OR	X\$18=	180.60
AMENDMENT	Independent	· 3	Minus	*** /	TCI AIM	<u> -</u>	-	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+135=		OR	+270=	
						•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	18000
		(Column 1)			ımn 2)	(Column-3	<u>)</u>			<u>.</u>		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		^ NU! PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA	a	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	ï
	Independent	•	Minus	***	.= 21 113	=	4	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL					<u> </u>	J	+135=		OR	+270=	
	If the entry in colu	mn 1 is less than	the entry in col	umn 2, wr	ite "O" in o	olumn 3. an 20. enter *24	0."	TOTAL		OR	TOTAL	
"	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOH ADDIT. FE											